

REQUIRED PLACEMENT MATERIAL OVERVIEW

Thank you for your commitment in providing safe, quality, and loving care for the child placed in your home. Children's Administration (CA) designed the Placement Packet to ensure all caregivers receive consistent, accurate information about the child placed with them. This packet was developed with you in mind to provide information, help answer your questions, and help you learn about your role in working together with us as part of the child's team. New information can be overwhelming, but please take time to learn about services for your child and supports available for you as a caregiver.

In this packet you will find:

1. **Child Information Placement Referral - required to be given to all caregivers and signed by the caregiver.** Provides specific information about the child to assist you in safely caring for the child and meeting their needs. Contains information on: siblings, contact information, reason for placement, visit plan, medical info, health concerns, medications, emotional/behavioral concerns. *Only limited information may be known about a child at the time of initial placement. CA will provide updated information as it becomes available. **This completed form must be printed twice so both the caregiver and worker have signed copies.***
2. **Placement Agreement** - provides necessary and important information for caregivers to ensure the safety and well being of the child placed in your home by CA. It establishes the agreement between CA and the Caregivers and will assist you in understanding your role in helping meet the needs of the child, working with CA, the assigned social worker and the Court.
3. **Medical Log** – caregivers record medical/dental appointments, medications, etc.
4. **Medical and Treatment Letter** - provides verification of the child's placement in your home, and allows the caregiver to engage in specific medical/dental, treatment, education, decisions for the child and identifies information about out of state travel requirements.
5. **Voucher for Interim Pharmacy Services** – document to use for medical services, **if you have not received the child's ProviderOne Medical card.** Authorizes medical/dental/pharmacy services and is to be provided to each provider for when service is received.
6. **Unlicensed Caregiver Placement Checklist** – lists requirements the assigned worker must complete within 72 hours of placing the child in your home. Contains your emergency contact information. Lists basic safety household items the worker must identify. *Please assist the worker in completing these requirements –Please share your e-mail address with the worker. **(RELATIVES ONLY)***
7. **Household Safety Inspection - Unlicensed Relatives / Suitable Others** – the form ensures specific health and safety factors in your home are addressed by the social worker before placement. **(RELATIVES ONLY)**
8. **Application for Temporary Assistance for Needy Families (TANF) Benefits** – you may file this application with your local Community Services Office to assist you in receiving financial support for the child in your care. This application is based on the child's need and **does not** consider your income while the child has an open case with CA. **(RELATIVES ONLY)**

9. **Background Authorization – required** form to be completed by each person, age 16 and older residing in your home or on your property with potential access to the child. This form is also utilized for any person you will use in your home to provide respite care for the child. It is very helpful to have your respite providers complete the background check form as early as possible.
10. **Foster Care Initial Health Screen** – form to be completed by Dr. for the child’s first scheduled medical appointment. This appointment is called the Initial Health Screen and is **required within five (5) days of placement**. Please obtain copies of the form once completed by the doctor for the assigned CA worker and for your records.
11. **EPSDT Pamphlet** – Early Periodic Screening, Diagnosis and Treatment (EPSDT) this is a **required** free health program for children in foster care. This appointment can be combined with the Initial Health Check appointment. **EPSDT must be completed within 30 days of placement.**
12. **Child Health and Education Tracking (CHET) Flyer** – a screening and assessment program for children. The CHET screener from CA will contact you for an appointment and will come to your home. This flyer shares information on assigned worker responsibilities and caregiver’s role. You will receive a written copy of this report once completed.
13. **Family Team Decision-Making Meeting (FTDM) Flyer** – information about these important meetings; CA values your information and wants you to attend if possible! FTDMs are held when a decision needs to be made about where a child should live, addresses safety concerns and develops a plan for the child.
14. **Caregiver’s Report to the Court Form and TIP Sheet** – report form used by caregivers to share their valuable information with the court for scheduled court hearings; helps focus and share your first-hand information to help the court make important decisions for the child.
15. **Caregiver Monthly Mileage Form** – child specific mileage can be reimbursed for caregivers. This form helps you know what travel can be reimbursed and guides you through submitting the completed form to your assigned CA worker.
16. **TIPS for Caregivers Flyer** – offers quick information about the required monthly social worker visit to your home to meet with the child and you. Questions the worker may ask you and suggested questions for you to ask the worker.
17. **Keeping Brothers and Sisters Connected Flyer** – important information on the importance of brothers and sisters and helping them maintain connections if they have been separated. Separated siblings must visit twice per month per policy.
18. **Foster Parent’s Guide to Medicaid (this includes relative caregivers)** – helpful information for caregivers when using Medicaid services. Remember to take the child to a doctor or medical provider that takes the ProviderOne Services Card.
19. **Relative and Other Suitable Person Support Services Funds** – information about funds that can be authorized for relatives or suitable persons to help support placement of a child with their relatives.
(RELATIVES ONLY)

Please contact the child’s assigned worker if you have questions, or need further assistance.